

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039877

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** CORRIGO INFORMATION SYSTEM SOLUTIONS, LLC

**Current Principal Place of Business:**

1944 N HERCULES AVE STE A  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8109  
ATTN: GERALD BUSCH  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 20-0500083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUARDT, J.MATTHEW  
625 COURT ST., STE. 625  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

MARQUARDT, J.MATTHEW  
625 COURT STREET  
2ND FLOOR  
CLEARWATER, FL 33756 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORRIGO HEALTH CARE, SOLUTIONS, LLC  
Address: 1944 N HERCULES AVE STE A  
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM ( ) Delete  
Name: JOHNSON, BRENT  
Address: 1944 N HERCULES AVE STE A  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD M. BUSCH

MGRM

03/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date